

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

0 4

1 7

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		1507360.96
(b) Cash on Hand at Beginning of Reporting Period	1011075.92	
(c) Total Receipts (from Line 19)	335503.42	1835937.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1346579.34	3343298.63
7. Total Disbursements (from Line 31)	6905.28	2003624.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1339674.06	1339674.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	194406.16	849903.40
(i) Itemized (use Schedule A)		
(ii) Unitemized	81917.39	395175.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	276323.55	1245079.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5975.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	281323.55	1251054.31
12. Transfers From Affiliated/Other Party Committees	53450.00	551410.33
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	28000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	729.87	5473.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	335503.42	1835937.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	335503.42	1835937.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	405.28	104711.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	405.28	104711.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1250400.00
24. Independent Expenditure (use Schedule E)	0.00	639947.52
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1154.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1560.33
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2715.08
29. Other Disbursements.....	5000.00	5850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6905.28	2003624.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6905.28	2003624.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	281323.55	1251054.31
34. Total Contribution Refunds (from Line 28(d))	0.00	2715.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	281323.55	1248339.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	405.28	104711.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	405.28	104711.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher M Dadlez

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Care, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 16146117

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Leslie Gianelli

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Director, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 16146118

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. MaryEllen Kosturko, MHSM, BSN,

Mailing Address 267 Grant Street

City

Bridgeport

State

CT

Zip Code

06610-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 16146121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Alison L Hong

Mailing Address 25 Woodland Road

City

Bedford Hills

State

NY

Zip Code

10507-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Assoc-
iation

Occupation

Director of Quality Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: 16146515

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gordon N. Litwin

Mailing Address 63 Borden Place

City

Little Silver

State

NJ

Zip Code

07739-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Health

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146850

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146856

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

505.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146859

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146864

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.61

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146868

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146869

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146881

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16146882

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.33

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16146896

Amount of Each Receipt this Period

67.34

B.

Full Name (Last, First, Middle Initial)

Mr. David A Nelson

Mailing Address 2400 St Francis Drive

City

Breckenridge

State

MN

Zip Code

56520-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Healthcare Ca-
mpus

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16146924

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Rueben

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16149252

Amount of Each Receipt this Period

88.93

SUBTOTAL of Receipts This Page (optional)

406.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City

Bemidji

State

MN

Zip Code

56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16149822

Amount of Each Receipt this Period

187.50

B.

Full Name (Last, First, Middle Initial)

Ms Kathy Johnson

Mailing Address 200 North Elm Street

City

Onamia

State

MN

Zip Code

56359-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Memorial Health
Services

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16149823

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16150556

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

587.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Peter E Person, , M.D.

Mailing Address 502 East Second Street

City

Duluth

State

MN

Zip Code

55805-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's/Duluth Clinic
Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16150557

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Ann Moore-Hardy

Mailing Address 10 East Washington

City

Painesville

State

OH

Zip Code

44077-3460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16150581

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia K. Smith, JD

Mailing Address 560 El Dorado

City

Lawrence

State

KS

Zip Code

66047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Leavenworth Heal

Occupation

Advocacy Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: 16154508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City

Upper Arlington

State

OH

Zip Code

43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16154594

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. William A. Sutton

Mailing Address 4653 Ginger Trail

City

Toledo

State

OH

Zip Code

43623-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital of Defiance

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16154597

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas W McNeill, , FACHE

Mailing Address 105 McKnight Dr.

City

Middletown

State

OH

Zip Code

45044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospi-
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: 16154600

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William Linesch

Mailing Address 4508 Royal Ridge Way

City

Kettering

State

OH

Zip Code

45429-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley Hospital

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: 16154625

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Cecconi

Mailing Address 1320 Mercy Drive NW

City

Canton

State

OH

Zip Code

44708-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation

President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: 16154627

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William H Considine

Mailing Address One Perkins Square

City

Akron

State

OH

Zip Code

44308-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Children's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: 16154953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dawn Ahner

Mailing Address 77 Pringle Way

City

Reno

State

NV

Zip Code

89502-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renown Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155115

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms Talana Bell

Mailing Address P O Box 6907

City

Dothan

State

AL

Zip Code

36302-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flowers Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 16155136

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carl W Bailey

Mailing Address P O Box 818

City

Florence

State

AL

Zip Code

35631-0818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eliza Coffee Memorial Hos-
pital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 16155137

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jason P. Alexander

Mailing Address 7220 Wynnridge Drive

City

State

Zip Code

Mobile

AL

36695-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Hospital

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 16155138

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark R Stoddard

Mailing Address 48 West 1500 North

City

State

Zip Code

Nephi

UT

84648-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rural Health Management
Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 8

Transaction ID: 16155756

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rexford W. Titus, III

Mailing Address 345 Woodland Lane

City

State

Zip Code

Oconomowoc

WI

53066-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProHealth Care

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 16155927

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James G Chastain, , CHE

Mailing Address P O Box 157-A

City

Whitfield

State

MS

Zip Code

39193-0157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi State Hospital

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155969

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles L Denton

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grenada Lake Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155977

Amount of Each Receipt this Period

310.00

C.

Full Name (Last, First, Middle Initial)

Mr. Will Ferniany

Mailing Address 2500 North State Street

City

Jackson

State

MS

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals and Clinics, Univ

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155981

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155983

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Graeber

Mailing Address 124 E. Waterwood Drive

City

Brandon

State

MS

Zip Code

39047-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals and
Clinics, Univ

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155989

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. G. Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Central Regional Me-
dical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155995

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fred B Hood, , FACHE

Mailing Address P O Box 790

City

Pontotoc

State

MS

Zip Code

38863-0790

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Medical
Center-Ponto

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155996

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. L. Ray Humphreys

Mailing Address 1400 East Union Street

City

Greenville

State

MS

Zip Code

38703-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Regional Medical Ce-
nter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16155998

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kurt W Metzner

Mailing Address 1225 North State Street

City

Jackson

State

MS

Zip Code

39202-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Baptist Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16156018

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ken Posey, , FACHE

Mailing Address P O Box 527

City

Bay Springs

State

MS

Zip Code

39422-0527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jasper General Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16156028

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. W. Kent Rogers

Mailing Address 835 Medical Center Drive

City

West Point

State

MS

Zip Code

39773-9320

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Medical
Center-West

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16156034

Amount of Each Receipt this Period

315.00

C.

Full Name (Last, First, Middle Initial)

Mr. W. Dale Saulters

Mailing Address P O Box 967

City

Louisville

State

MS

Zip Code

39339-0967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winston Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16156035

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Melinda Estes, M.D.

Mailing Address 111 Colchester Avenue

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fletcher Allen Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 16157614

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Calvin D Johnson

Mailing Address P O Box 188

City

Kilmichael

State

MS

Zip Code

39747-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kilmichael Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 16157633

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City

Hollister

State

MO

Zip Code

65672-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skaggs Community Health
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 16159420

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

767.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter L Gosline

Mailing Address 452 Old Street Road

City

Peterborough

State

NH

Zip Code

03458-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monadnock Community Hospi-
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	8

Transaction ID: 16161930

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	8

Transaction ID: 16161931

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John F Prochilo

Mailing Address 70 Butler Street

City

Salem

State

NH

Zip Code

03079-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Rehabilitation
Hospital

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	8

Transaction ID: 16161932

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Reginald J. Lavoie

Mailing Address Swiftwater Road

City

Woodsville

State

NH

Zip Code

03785-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cottage Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16161933

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Rutledge, FACHE

Mailing Address 110 Winners Circle
First Floor

City

Brentwood

State

TN

Zip Code

37027-5070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16161937

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allen Golson

Mailing Address 350 Hospital Drive

City

Macon

State

GA

Zip Code

31217-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Medical Centers

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert M Trimm

Mailing Address P O Box 139

City

Waycross

State

GA

Zip Code

31502-0139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Satilla Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162341

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jay M. Baumgartner

Mailing Address 111 Woodlawn Dr.

City

Warsaw

State

IN

Zip Code

46580-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Otis R. Bowen Center for
Human Service

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162370

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cara Breidster

Mailing Address I-65 at 21st Street

City

Indianapolis

State

IN

Zip Code

46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health Partners

Occupation

Hospital Director, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162377

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Crawford

Mailing Address 700 Forest Drive

City

Frankfort

State

IN

Zip Code

46041-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Frankfort Hos-
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162388

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Blake A Dye

Mailing Address 2805 W. County Road 250 S

City

New Castle

State

IN

Zip Code

47362-9719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry County Hospital

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162394

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. R. Mark Ellison

Mailing Address 3040 Reflection Ct.

City

Greenwood

State

IN

Zip Code

46143-6618

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Indianapolis
Hospital

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Graffis, M.D.

Mailing Address P O Box 1367

City

Indianapolis

State

IN

Zip Code

46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health Partners

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162403

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven S. Ivy, Ph.D.

Mailing Address 1701 North Senate Boulevard

City

Indianapolis

State

IN

Zip Code

46202-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health Partners

Occupation

Hospital VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162414

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Linder

Mailing Address P.O. Box 1367

City

Indianapolis

State

IN

Zip Code

46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health Partners

Occupation

Hospital VP, Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162429

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Jon D. Rahman, M.D.

Mailing Address 418 Burlington Lane

City

Carmel

State

IN

Zip Code

46032-9162

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation

Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162449

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Linda Roberts

Mailing Address 1701 North Senate Boulevard

City

Indianapolis

State

IN

Zip Code

46202-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation

Hospital Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162456

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Bernadine Marcuccilli Wallace

Mailing Address 1003 Overlook Road

City

Marion

State

IN

Zip Code

46952-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16162478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Martin Bonick

Mailing Address 6019 Waterfall Way

City

Prospect

State

KY

Zip Code

40059-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162588

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald R Fields

Mailing Address 100 Medical Center Drive

City

Hazard

State

KY

Zip Code

41701-9421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hazard ARH Regional Medical Center

Occupation

Senior Community Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162598

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael T. Rust

Mailing Address 937 Woodland Heights Drive

City

Louisville

State

KY

Zip Code

40245-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162599

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 29 / 232

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis B Johnson

Mailing Address 1025 New Moody Lane

City

La Grange

State

KY

Zip Code

40031-9154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hospital Northeast

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162600

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L Gray

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hardin Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162601

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Charles Black

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockcastle Hospital and
Respiratory Ca

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162603

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Milton Brooks

Mailing Address 850 Riverview Avenue

City

Pineville

State

KY

Zip Code

40977-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pineville Community Hospi-
tal Associati

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162604

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen A Estes

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockcastle Hospital and
Respiratory Ca

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162605

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeff Smithern

Mailing Address 145 Newcomb Avenue

City

Mount Vernon

State

KY

Zip Code

40456-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockcastle Hospital and
Respiratory Ca

Occupation

Director of Respiratory Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162607

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 31 / 232

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Burgett

Mailing Address 1 Trillium Way

City

London

State

KY

Zip Code

40701-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Regional Medical
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162609

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank A. Butler

Mailing Address 437 Adair Road

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky Ho-
spital

Occupation

Vice President/Medical Center Operatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162610

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Joseph G Koch

Mailing Address 531 Woodlawn Avenue

City

Beckley

State

WV

Zip Code

25801-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bourbon Community Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162611

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 232

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James Ramsey

Mailing Address 530 South Jackson Street

City

Louisville

State

KY

Zip Code

40202-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville
Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162613

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Susan Stout Tamme, , FACHE

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hospital East

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162614

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen L Meredith

Mailing Address 910 Wallace Avenue

City

Leitchfield

State

KY

Zip Code

42754-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin Lakes Regional Medic-
al Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162616

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Carl G Herde

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Healthcare System

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162617

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. E. Berton Whitaker

Mailing Address 900 Clinic Drive

City

Madisonville

State

KY

Zip Code

42431-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Hopkins Cou

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162623

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack G. Blackwell

Mailing Address 2201 Forest Ave

City

Ashland

State

KY

Zip Code

41101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highlands Regional Medical
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162628

Amount of Each Receipt this Period

312.00

SUBTOTAL of Receipts This Page (optional)

1062.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Nairn

Mailing Address Highlands Regional Med Ctr
Box 668

City State Zip Code
Prestonburg KY 41653-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highlands Regional Medical
Center

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162633

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harold C Warman, Jr., FAC

Mailing Address P O Box 668

City State Zip Code
Prestonsburg KY 41653-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highlands Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162635

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris Carle

Mailing Address 238 Barnes Road

City State Zip Code
Williamstown KY 41097-9460

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Medical Cen-
ter-Grant Cou

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162638

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carolyn J. Belk

Mailing Address 8060 El Rio St

City

Houston

State

TX

Zip Code

77054-4186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital, The

Occupation

VP Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162644

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald J Wee

Mailing Address 363 SE Third Street

City

Prineville

State

OR

Zip Code

97754-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162651

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis E Burke

Mailing Address 370 W Gettman Road

City

Hermiston

State

OR

Zip Code

97838-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Shepherd Healthcare
System

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162653

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela S Vukovich

Mailing Address 1919 NW Lovejoy Street

City

Portland

State

OR

Zip Code

97209-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Health System

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162654

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Wayne Clark

Mailing Address 7555 SW Afton Lane

City

Tigard

State

OR

Zip Code

97224-7680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Health System

Occupation

VP Comm Relations & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162665

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

George Brown, MD

Mailing Address 376 NW 81 Pl

City

Portland

State

OR

Zip Code

97229-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Health System

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162666

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Gibson

Mailing Address 1000 NE Greenleaf Road

City State Zip Code
 Portland OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Health System

Occupation
Senior VP & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162668

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Cioffi, MD.

Mailing Address 3639 NW Thurman

City State Zip Code
 Portland OR 97210-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Health System

Occupation
Chief of Ophthalmology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162669

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Russ Danielson

Mailing Address 1926 Aztec Court

City State Zip Code
 West Linn OR 97068-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence St. Vincent Me-
dical Center

Occupation
Sr. Vice President/CEO-Oregon Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162670

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark D. Scott

Mailing Address 8275 Junco Ct

City

Redmond

State

OR

Zip Code

97756-8352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverton Hospital

Occupation

Chief Experience Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162671

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. William E Winter

Mailing Address 342 Fairview Street

City

Silverton

State

OR

Zip Code

97381-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverton Hospital

Occupation

Administrative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162672

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew S. Davidson

Mailing Address 2123 Ridgebrook Drive

City

West Linn

State

OR

Zip Code

97068-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1695.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162673

Amount of Each Receipt this Period

1195.00

SUBTOTAL of Receipts This Page (optional)

1945.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Andy Van Pelt

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City State Zip Code
Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162674

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Terry O Finklein

Mailing Address 2111 Exchange Street

City State Zip Code
Astoria OR 97103-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162675

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mel Pyne

Mailing Address 3015 Summit Sky Blvd.

City State Zip Code
Eugene OR 97405-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162676

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter F Rapp

Mailing Address 2828 NW Cumberland Road

City State Zip Code
 Portland OR 97201-3098

FEC ID number of contributing federal political committee.

C

Name of Employer
OHSU HospitalOccupation
Vice President and Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162677

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 3394 Creek View

City State Zip Code
 Medford OR 97504-9624

FEC ID number of contributing federal political committee.

C

Name of Employer
Asante Health SystemOccupation
Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162679

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Bowden

Mailing Address PO Box 238

City State Zip Code
 Kingsport TN 37662-0238

FEC ID number of contributing federal political committee.

C

Name of Employer
Wellmont Holston Valley
Medical CenterOccupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164063

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Martha O'Regan Chill

Mailing Address 10820 Parkside Drive

City

Knoxville

State

TN

Zip Code

37934-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellmont Holston Valley
Medical Center

Occupation

Vice President-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164064

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Crawford

Mailing Address 142 West 5th Street

City

Cookeville

State

TN

Zip Code

38501-1760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cookeville Regional Medic-
al Center

Occupation

Assistant Administrator, Nursing Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164065

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Gregory M. Duckett

Mailing Address 350 North Humphreys Boulevard

City

Memphis

State

TN

Zip Code

38120-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporati

Occupation

Senior Vice President/ Corporate Couns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164066

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gregg Gentry

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Medical Center

Occupation

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164067

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr David C Hogan

Mailing Address 350 North Humphreys Boulevard

City

Memphis

State

TN

Zip Code

38120-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporation

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164081

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Health System

Occupation

Vice President, Prayer Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164083

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Korth

Mailing Address P O Box 340

City

Cookeville

State

TN

Zip Code

38503-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cookeville Regional Medic-
al Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164085

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr John W Lacey, , M.D.

Mailing Address 1924 Alcoa Hwy, Box 81

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Medical Center

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164086

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joel Lee

Mailing Address 1161 21st Avenue, South

City

Nashville

State

TN

Zip Code

37232-0011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University Med-
ical Center

Occupation

Asst. Vice Chancellor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164087

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Norman Majors

Mailing Address 1520 Cherokee Trail
Suite 200

City State Zip Code
Knoxville TN 37920-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Medical Center

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164089

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Susan O'Hare

Mailing Address 975 East Third Street

City State Zip Code
Chattanooga TN 37403-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Health System

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164097

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim S Pate

Mailing Address P O Box 802

City State Zip Code
Erwin TN 37650-0802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unicoi County Memorial Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164098

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Curtis Reynolds

Mailing Address 350 North Humphreys Boulevard

City

Memphis

State

TN

Zip Code

38120-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporati

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164107

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven Ross

Mailing Address 1924 Alcoa Highway, Box 81

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Medical Center

Occupation

Asst. Executive Director, Clinical Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164108

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Rick Wagers

Mailing Address 1211 22nd Avenue South

City

Nashville

State

TN

Zip Code

37232-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University Med-
ical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164109

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Derick Ziegler

Mailing Address PO Box 310

City

Union City

State

TN

Zip Code

38281-0310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Hospital-
Union City

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16164110

Amount of Each Receipt this Period

280.00

B.

Full Name (Last, First, Middle Initial)

Mr. William A. Bell

Mailing Address 944 Gentian Court

City

Tallahassee

State

FL

Zip Code

32312-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166439

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Dana Ferrell

Mailing Address 3303 Park Street

City

Jacksonville

State

FL

Zip Code

32205-7830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nemours Children's Clinic

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166440

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Wilgis

Mailing Address 3036 Giles Place

City

Tallahassee

State

FL

Zip Code

32309-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166441

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathy Holzer

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Vice President, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166442

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City

Tallahassee

State

FL

Zip Code

32312-7501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166444

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kathy A. Reep

Mailing Address 19 W. New Hampshire

City

Orlando

State

FL

Zip Code

32804-5911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion - Orlando

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166445

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark O'Bryant

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166446

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Phillis Oeters

Mailing Address 6855 Red Road, Suite 600

City

Miami

State

FL

Zip Code

33143-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health South Flor-
ida

Occupation

Corporate Vice President Government an

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166447

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kim Streit

Mailing Address 1317 Eastin Avenue

City

Orlando

State

FL

Zip Code

32804-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion - Orlando

Occupation

VP, Health Research & Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166448

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166449

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Galloway

Mailing Address 444 North Capitol Street, NW
Suite 532

City

Washington

State

DC

Zip Code

20001-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Vice President, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166450

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Karen Late, MHS

Mailing Address 444 N. Capitol St, NW
Suite 532

City State Zip Code
Washington DC 20001-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166451

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Jackson

Mailing Address 3390 Dockside Drive

City State Zip Code
Hollywood FL 33026-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
System Director, Community Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166452

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Baer

Mailing Address 3599 University Blvd South

City State Zip Code
Jacksonville FL 32216-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166456

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Greg Zorman, M.D.

Mailing Address 5730 Arapahoe Road

City

Fort Lauderdale

State

FL

Zip Code

33312-6354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation

Chief of Neurosurgery

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166459

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Larry F Garrison

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166461

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tim Eixenberger

Mailing Address 2982 Castle Wood Lane

City

Clearwater

State

FL

Zip Code

33759-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166468

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 52 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Robert Galloway

Mailing Address 1350 South Hickory Street

City

Melbourne

State

FL

Zip Code

32901-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Regional Medical
Center

Occupation

Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166470

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E Matuska

Mailing Address 3663 South Miami Avenue

City

Miami

State

FL

Zip Code

33133-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166471

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Chris Roederer

Mailing Address 615 Riviera Dunes Way #107

City

Palmetto

State

FL

Zip Code

34221-7145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Vice President for Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166476

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John R. Brownlow

Mailing Address 5608 Bear Lake Circle

City

Apopka

State

FL

Zip Code

32703-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166481

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sally Houston

Mailing Address 6528 Surfside Blvd.

City

Apollo Beach

State

FL

Zip Code

33572-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166492

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John Bond

Mailing Address 3417 Eastmonte Drive

City

Valrico

State

FL

Zip Code

33596-6087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Vice President, Surgical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166509

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sally Jackson

Mailing Address 8250 College Parkway
Suite 103

City State Zip Code
Fort Myers FL 33919-5199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
System Director of Community Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166517

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard M Irwin, Jr.

Mailing Address 501 Lake Street

City State Zip Code
Windermere FL 34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166535

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Chantal Leconte

Mailing Address P O Box 565002, Mail Stop 1

City State Zip Code
Rockledge FL 32956-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wuesthoff Medical Center -
Rockledge

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166539

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Deana L. Nelson

Mailing Address Post Office Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Sr. Vice President, Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166541

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Paul Goldstein

Mailing Address 1414 Kuhl Avenue

City

Longwood

State

FL

Zip Code

32806-2093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orlando Regional Healthca-
re

Occupation

Vice President Finance and Chief Finan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166542

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim L Mayo, , FACHE

Mailing Address 1250 South 18th Street

City

Fernandina Beach

State

FL

Zip Code

32034-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center Na-
ssau

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166544

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen A Purves, , FACHE

Mailing Address 1500 SW 1st Ave

City

Ocala

State

FL

Zip Code

34474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munroe Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166551

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lorraine L. Lutton

Mailing Address 6508 North River Boulevard

City

Tampa

State

FL

Zip Code

33604-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166552

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Donald L Jernigan, , Ph.D.

Mailing Address 111 North Orlando Avenue

City

Winter Park

State

FL

Zip Code

32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166554

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jean Mayer

Mailing Address 2408 W. Watrous Avenue

City

Tampa

State

FL

Zip Code

33629-5343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Vice President for Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166556

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr Warren E Jones

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Vice President and Chief Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166558

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Doug Luckett

Mailing Address 12877 Pastures Way

City

Fort Myers

State

FL

Zip Code

33913-7633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166561

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Wieist

Mailing Address 2403 South West 43rd Street

City

Cape Coral

State

FL

Zip Code

33914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166564

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City

Saint Petersburg

State

FL

Zip Code

33701-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166566

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Ginger Oliver

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Vice President Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166568

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Hugh Greene

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166570

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. George Mikitarian, , Jr.

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parrish Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166571

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald A Hytoff

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166574

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Diane S. Raines

Mailing Address 4090 San Jose Boulevard

City

Jacksonville

State

FL

Zip Code

32207-6063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166578

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Moon

Mailing Address PO Box 9400

City

Sebring

State

FL

Zip Code

33871-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Heartland
Division

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166580

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr Steven Short

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Executive VP, Finance and Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166583

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James R Nathan

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166584

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jerry Senne

Mailing Address 233 Salvador Square

City

Winter Park

State

FL

Zip Code

32789-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First, Incorporated

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166589

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Murray

Mailing Address 13286 Stone Pond Drive

City

Jacksonville

State

FL

Zip Code

32224-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166590

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Larry J Archbell

Mailing Address 3100 East Fletcher Avenue

City

Tampa

State

FL

Zip Code

33613-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Community Hosp-
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166595

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marvin Kurtz

Mailing Address 4967 Anniston Circle

City

Tampa

State

FL

Zip Code

33647-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Community Hosp-
ital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166598

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tony N Bennett

Mailing Address 1847 Florida Avenue

City

Panama City

State

FL

Zip Code

32405-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHSOUTH Emerald Coast
Rehabilitati

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166600

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Linda L Brown

Mailing Address 14890 Shrike Way

City

Fort Myers

State

FL

Zip Code

33908-8105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166602

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr George Fayer

Mailing Address P O Box 565002, Mail Stop 1

City

Rockledge

State

FL

Zip Code

32956-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wuesthoff Medical Center -
Rockledge

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166604

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr John F Wilbanks

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166606

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Marianne Hillegass

Mailing Address 3561 Sanctuary Blvd.

City

Jacksonville

State

FL

Zip Code

32250-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166608

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Emil P Miller

Mailing Address 110 Longwood Avenue

City

Rockledge

State

FL

Zip Code

32955-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wuesthoff Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166612

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marilyn Stout

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166614

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Judith Ploszek

Mailing Address 2863 Bayshore Trails Drive

City

Tampa

State

FL

Zip Code

33611-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

Vice President Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166615

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary McGillicuddy

Mailing Address 2820 SE 19th Place

City

Cape Coral

State

FL

Zip Code

33904-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation

Chief Legal Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166617

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth R Mattison

Mailing Address 1000 Waterman Way

City

Tavares

State

FL

Zip Code

32778-5266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Waterman

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166619

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Daryl Tol

Mailing Address 701 West Plymouth Avenue

City

Deland

State

FL

Zip Code

32720-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital - De Land

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166630

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lars Houmann

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166631

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr Steven M Klein

Mailing Address 1611 NW 12th Avenue

City

Miami

State

FL

Zip Code

33136-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Memorial Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166632

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kristy Rigot

Mailing Address 12730 Dreden Ct.

City

Fort Myers

State

FL

Zip Code

33912-4663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation

Director of Corporate Staffing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166634

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Deanna Schaefer

Mailing Address 16 Remington Road

City

Ormond Beach

State

FL

Zip Code

32174-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Health Medical Ce-
nter

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166647

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jason Moore

Mailing Address 2112 Doral Drive

City

Tallahassee

State

FL

Zip Code

32312-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166649

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dennis Proul

Mailing Address 11873 Wexford Blvd.

City

Spring Hill

State

FL

Zip Code

34609-9260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation
SVP&CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Brian Paradis

Mailing Address 1051 Oakpoint Circle

City

Apopka

State

FL

Zip Code

32712-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166666

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steve Adriaanse

Mailing Address 3042 Fermanagh Drive

City

Tallahassee

State

FL

Zip Code

32309-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
HR Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166673

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Frank Barrett

Mailing Address 1611 NW 12th Avenue

City

Miami

State

FL

Zip Code

33136-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Memorial Hospital

Occupation

Executive Vice President Corporate Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166676

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric Peburn

Mailing Address 7 Fairvinds Circle

City

Ormond Beach

State

FL

Zip Code

32176-2195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Health Medical Ce-
nter

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166679

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Nathan Anspach

Mailing Address 1511 Algardi Avenue

City

Coral Gables

State

FL

Zip Code

33146-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166680

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Joe Petrock

Mailing Address 303 North Clyde Morris Blvd

City

Daytona Beach

State

FL

Zip Code

32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation

Director Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166683

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Isaac Mallah

Mailing Address P O Box 4227

City

Tampa

State

FL

Zip Code

33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166687

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bonnie Bowls

Mailing Address 121 NW Ivanhoe Blvd.

City

Orlando

State

FL

Zip Code

32804-5958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166688

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Gerard A Kaiser, M.D.

Mailing Address 1611 NW 12th Avenue

City

Miami

State

FL

Zip Code

33136-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

Executive Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166689

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Fran Davis

Mailing Address 1242 Harbour Point Drive

City

Port Orange

State

FL

Zip Code

32127-5608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Health Medical Center

Occupation

Hospice Admin CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166693

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Olga Dazzo

Mailing Address 1111 Crandon Blvd., A-507

City

Key Biscayne

State

FL

Zip Code

33149-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166695

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jeff Feasel

Mailing Address 303 North Clyde Morris Blvd

City

Daytona Beach

State

FL

Zip Code

32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166703

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Bradley

Mailing Address 200 North Lakemont Avenue

City

Winter Park

State

FL

Zip Code

32792-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winter Park Memorial Hosp-
ital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166708

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. William G Ulbricht

Mailing Address P O Box 12588

City

Saint Petersburg

State

FL

Zip Code

33733-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166710

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John Mahoney, MD

Mailing Address 2920 Ivanahoe Road

City

Tallahassee

State

FL

Zip Code

32312-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166711

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy W Cook

Mailing Address P O Box 9400

City

Sebring

State

FL

Zip Code

33871-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Heartland
Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166713

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Arvin Lewis

Mailing Address 778 Foxhound Drive

City

Port Orange

State

FL

Zip Code

32128-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166718

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 74 / 232

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Ste 320

City

Pensacola

State

FL

Zip Code

32501-6377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Care Corpo-
ration

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166719

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Blair

Mailing Address 7935 Preservation Road

City

Tallahassee

State

FL

Zip Code

32312-6766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166720

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Belcher

Mailing Address Rt. 15, Box 241

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166734

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Mason

Mailing Address 3909 Snapper Pointe Drive

City

Tampa

State

FL

Zip Code

33611-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BayCare Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166739

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Richard Mutarelli

Mailing Address P O Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munroe Regional Medical
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166741

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Clifford J. Bauer

Mailing Address 401 North West 131st Avenue

City

Plantation

State

FL

Zip Code

33325

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Ridge Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166743

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166749

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Randall L. Haffner

Mailing Address 900 Cranes Street

City

Maitland

State

FL

Zip Code

32751-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166752

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms. Eddie Soler

Mailing Address 250 Kentucky blue Circle

City

Apopka

State

FL

Zip Code

32712-4767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166753

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Gibson

Mailing Address 3485 Stately Oaks Lane

City

Duluth

State

GA

Zip Code

30097-5155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Erdman & Associa-
tes

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16166755

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Malson

Mailing Address 1850 Redwood Terrace, NW

City

Washington

State

DC

Zip Code

20012-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
District of Columbia Hosp-
ital Associat

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16167429

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D Connelly

Mailing Address 615 Elsinore Place

City

Cincinnati

State

OH

Zip Code

45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partn-
ers

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16167438

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew D. Williams

Mailing Address 615 Elsinore Place

City

Cincinnati

State

OH

Zip Code

45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation

VP, Advocacy and Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16167440

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James R. Gravell

Mailing Address 2615 East High Street

City

Springfield

State

OH

Zip Code

45505-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital of Springfield

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16167441

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Bezney

Mailing Address 615 Elsinore Place

City

Cincinnati

State

OH

Zip Code

45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation

Senior VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 16167451

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 79 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Marie Beatrice Grause, RN, JD

Mailing Address 1580 North Street

City

Montpelier

State

VT

Zip Code

05602-2997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Association of Ho-
spitals & Hea

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16173255

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harvey M Yorke

Mailing Address 100 Hospital Drive East

City

Bennington

State

VT

Zip Code

05201-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwestern Vermont Medi-
cal Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16173258

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vincent J McCorkle, , CHE

Mailing Address P O Box 9012

City

Springfield

State

MA

Zip Code

01102-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16173274

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City

Centreville

State

VA

Zip Code

20120-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16173279

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Reid, M.D.

Mailing Address P O Box 689

City

Santa Barbara

State

CA

Zip Code

93102-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cottage Health System

Occupation

Director Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16173280

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas C Porter

Mailing Address 91 Titicut Rd

City

Raynham

State

MA

Zip Code

2767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Hospital and Medic-
al Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16173281

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary D. Aden

Mailing Address 636 San Julio Rd

City

Solana Beach

State

CA

Zip Code

92075-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Healthcare Str-
ategies

Occupation

Senior Vice President, Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16173294

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Day

Mailing Address 101 Page Street

City

New Bedford

State

MA

Zip Code

02740-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southcoast Hospitals Group

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16173305

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Catherine M. Crowley

Mailing Address 2100 Poplar Ridge Road

City

Pasadena

State

MD

Zip Code

21122-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16175335

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth A Samet

Mailing Address 5565 Sterrett Place, 5th Floor

City

Columbia

State

MD

Zip Code

21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16175337

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. William G Robertson

Mailing Address 1801 Research Blvd, Ste 400

City

Rockville

State

MD

Zip Code

20850-3184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist HealthCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16175338

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Judith Feustle

Mailing Address 1550 Doxbury Rd

City

Baltimore

State

MD

Zip Code

21286-5903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Memorial Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16175340

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Laurie A Brown

Mailing Address 5204 Ridge Drive NE

City

Tacoma

State

WA

Zip Code

98422-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation

Director Care Management Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176022

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy Steiger

Mailing Address 2543 Mt. Baker Highway

City

Bellingham

State

WA

Zip Code

98226-9566

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176063

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Richard A Bryan

Mailing Address 1035 116th Avenue Northeast

City

Bellevue

State

WA

Zip Code

98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Hospital Medical
Center

Occupation

Quality & Patient Safety Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176110

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James C Cannon

Mailing Address 12844 Military Road South

City

Seattle

State

WA

Zip Code

98168-9981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Hospital for Res-
piratory and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Administrator and Chief Executive Offi

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176111

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Cochrell

Mailing Address 23986 Vinland Terr NW

City

Poulsbo

State

WA

Zip Code

98370-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176112

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Medrice Coluccio

Mailing Address P O Box 3002

City

Longview

State

WA

Zip Code

98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Executive Officer

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patricia Degroodt

Mailing Address 1330 Rockefeller
P.O. Box 1147

City State Zip Code
Everett WA 98201-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health System/-
NWSA

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176190

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Dixon

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176191

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gerard Fischer

Mailing Address 5909 West Pima Court

City State Zip Code
Spokane WA 99208-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Cent-
er

Occupation
Vice President- Systems Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176192

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harold S Geller

Mailing Address 315 North 14th Street

City

Othello

State

WA

Zip Code

99344-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Othello Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176193

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stuart Hennessey

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellingham

State

WA

Zip Code

98007-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

Senior Vice President Legal Services a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176194

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Judy Hodgson

Mailing Address 2830 206th Terrace NE

City

Sammamish

State

WA

Zip Code

98074-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

Sr. Vice President, Organizational Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Hostetler

Mailing Address 12844 Military Road South

City

Tukwila

State

WA

Zip Code

98168-3045

FEC ID number of contributing
federal political committee.**C**Name of Employer
Regional Hospital for Res-
piratory and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Administrator

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	8

Transaction ID: 16176196

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mariel S Kagan, , R.N., MS

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4229

FEC ID number of contributing
federal political committee.**C**Name of Employer
Harrison Medical Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President and Legal Counsel

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	8

Transaction ID: 16176197

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph M Kortum

Mailing Address P O Box 1600

City

Vancouver

State

WA

Zip Code

98668-1600

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Washington Medi-
cal Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President and Chief Executive Officer

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	8

Transaction ID: 16176198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Skip Kriz

Mailing Address 3370 Lakeview Drive

City

Eugene

State

OR

Zip Code

97408-7207

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176200

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Kruse

Mailing Address 6860 NW RANGER Way

City

Silverdale

State

WA

Zip Code

98383-6306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176201

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Leonard

Mailing Address 413 Lilly Road NE

City

Olympia

State

WA

Zip Code

98506-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence St. Peter Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176202

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 232

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Chuck Lytle

Mailing Address 747 Broadway Avenue

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176203

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell M. Myers

Mailing Address 2908 Shelton Avenue

City

Yakima

State

WA

Zip Code

98902-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Valley Memorial Ho-
spital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176204

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Andrea Nenzel

Mailing Address 14432 SE Eastgate Way

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176205

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory D. Sawyer, MD, PhD.

Mailing Address 11503 Sara Loop Road

City

Yakima

State

WA

Zip Code

98908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Valley Memorial Ho-
spital

Occupation

Director, Organizational Health Willne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176206

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Preston M Simmons

Mailing Address 1321 Colby Avenue

City

Everett

State

WA

Zip Code

98201-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Everett Medical
Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176207

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jon D Smiley

Mailing Address Sunnyside Community Hospital
PO Box 719

City

Sunnyside

State

WA

Zip Code

98944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunnyside Community Hospi-
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176208

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James Trull

Mailing Address 1016 Tacoma Avenue

City

Sunnyside

State

WA

Zip Code

98944-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunnyside Community Hospi-
tal

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176209

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Henry Turner

Mailing Address 1654 103rd S.E.

City

Bellevue

State

WA

Zip Code

98004-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176210

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Wallen

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176211

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kim Williams

Mailing Address 2815 Kayak View Place

City

Camano Island

State

WA

Zip Code

98282-5022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Everett Medical
Center

Occupation
Interim CNE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176212

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rand J Wortman

Mailing Address 888 Swift Boulevard

City

Richland

State

WA

Zip Code

99352-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kadlec Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176213

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elaine Couture

Mailing Address 101 West Eighth Avenue

City

Spokane

State

WA

Zip Code

99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Cent-
er

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176214

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Florence Chang

Mailing Address 315 Martin Luther King Jr Way

City

Tacoma

State

WA

Zip Code

98405-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176215

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gregg A Davidson

Mailing Address P O Box 1376

City

Mount Vernon

State

WA

Zip Code

98273-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skagit Valley Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176216

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald O'Halloran

Mailing Address 36 Klondike Road

City

Republic

State

WA

Zip Code

99166-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ferry County Memorial Hos-
pital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176217

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John R White

Mailing Address 801 East Wheeler Road

City

Moses Lake

State

WA

Zip Code

98837-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176218

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott E. Armstrong

Mailing Address 3855 44th Avenue NE

City

Seattle

State

WA

Zip Code

98105-5448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Eastside Hos-
pital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176219

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David T. Brooks

Mailing Address 1321 Colby Avenue

City

Everett

State

WA

Zip Code

98201-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health System/-
NWSA

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176228

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Victoria S. Galanti

Mailing Address 300 Elliott Avenue W.
Ste. 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
Association

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176229

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rodney F Hochman, M.D.

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176230

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Calvin K Knight

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176231

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Marcel C Loh

Mailing Address 500 17th Avenue

City

Seattle

State

WA

Zip Code

98124-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center-Ch-
erry Hill Cam

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176232

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Morgan

Mailing Address 2700 125nd Avenue Northeast

City

Redmond

State

WA

Zip Code

98052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Eastside Hos-
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176233

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John T Evans, Jr.

Mailing Address P O Box 1887

City

Wenatchee

State

WA

Zip Code

98807-1887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Washington Hospit-
al

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176234

Amount of Each Receipt this Period

520.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary V Peck

Mailing Address 3312 Watts Lake Road

City

Valley

State

WA

Zip Code

99181-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation

Interim Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176235

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. Scott Bond

Mailing Address 914 South Scheuber Road

City

Centralia

State

WA

Zip Code

98531-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence St. Peter Hosp-
ital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176241

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary L. Bebow, , FACHE

Mailing Address 914 Eagle Mountain Blvd

City

Batesville

State

AR

Zip Code

72501-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer
White River Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16176273

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

1477.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 98 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roger M. Busfield

Mailing Address 419 Natural Resources Dr

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

President Emeritus

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16176276

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bob S. Ellzey, FACHE

Mailing Address 311 North Morrow Street

City

Mena

State

AR

Zip Code

71953-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mena Regional Health Syst-
em

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16176304

Amount of Each Receipt this Period

227.50

C.

Full Name (Last, First, Middle Initial)

Mr. James L. Magee

Mailing Address 1206 Gordon Duckworth Drive

City

Piggott

State

AR

Zip Code

72454-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piggott Community Hospital

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16176320

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ray Kordsmeier

Mailing Address 1023 Oak St.

City

Conway

State

AR

Zip Code

72032-4354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conway Regional Medical
CenterOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	8

Transaction ID: 16176346

Amount of Each Receipt this Period

227.50

B.

Full Name (Last, First, Middle Initial)

Mary Franco

Mailing Address 684 Valley Rd

City

New Canaan

State

CT

Zip Code

06840-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwalk HospitalOccupation
VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	8

Transaction ID: 16176459

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Schultz

Mailing Address 1035 116th Avenue Northeast

City

Bellevue

State

WA

Zip Code

98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Hospital Medical
CenterOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	8

Transaction ID: 16176470

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

727.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Barbara Watanabe

Mailing Address 1717 South J Street

City

Tacoma

State

WA

Zip Code

98405-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 16176481

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy J Goldfarb

Mailing Address 1600 SW Archer Road

City

Gainesville

State

FL

Zip Code

32610-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176490

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terry R. Owen

Mailing Address 2520 Fox Squirrel Court

City

Apopka

State

FL

Zip Code

32712-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176492

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Zeff Ross

Mailing Address 703 North Flamingo Road

City

Pembroke Pines

State

FL

Zip Code

33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation

Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176495

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City

Orange City

State

FL

Zip Code

32763-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Fish Mem-
orial

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176496

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy P Menton

Mailing Address 2291 SW 76th Lane

City

Ocala

State

FL

Zip Code

34476-6774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Villages Regional Hospi-
tal, The

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176498

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Paul Betz, , FACHE

Mailing Address 3024 Stadium Boulevard

City

Jonesboro

State

AR

Zip Code

72401-7493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEA Baptist Memorial Hosp-
ital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16176500

Amount of Each Receipt this Period

65.00

B.

Full Name (Last, First, Middle Initial)

Mr. Darren Caldwell

Mailing Address P O Box 32

City

De Witt

State

AR

Zip Code

72042-0032

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeWitt Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 16176501

Amount of Each Receipt this Period

65.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terry Shaw

Mailing Address 111 North Orlando Avenue

City

Fort Worth

State

FL

Zip Code

32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176518

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John R Harding

Mailing Address 7050 Gall Boulevard

City

Zephyrhills

State

FL

Zip Code

33541-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Zephyrhills

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176523

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Rueben

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.52

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 16176525

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Frances Margolin

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

Vice President, Operations HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 16176552

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 16176554

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.03

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16176989

Amount of Each Receipt this Period

25.42

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16177000

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

69.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16177003

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16177007

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16177017

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16177042

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16177043

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Summer

Mailing Address 7335 East Orchard Road
Suite 100

City

Greenwood Village

State

CO

Zip Code

80111-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: 16177075

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas O. Barnes

Mailing Address 1900 Perkins St.

City

Bristol

State

CT

Zip Code

06010-8924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Hospital

Occupation

Chairman of the Board

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: 16177088

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Hanshaw

Mailing Address 1200 East 3900 South

City

Salt Lake City

State

UT

Zip Code

84124-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA - Mountain Division

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: 16177090

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Butler, III

Mailing Address 1476 Stonegate Lane

City

East Lansing

State

MI

Zip Code

48823-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Vice Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: 16178329

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr John A DiAngelo

Mailing Address 105 Pancoast Place

City

Mullica Hill

State

NJ

Zip Code

08062-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare

Occupation

Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178334

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marc H Lory

Mailing Address 20 Farmingham Road

City

Ocean

State

NJ

Zip Code

07712-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178335

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178338

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178342

Amount of Each Receipt this Period

370.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E. Graydon

Mailing Address 93 Matlack Drive

City

Voorhees

State

NJ

Zip Code

08043-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178343

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178345

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Linda A Savino

Mailing Address 13 Telegraph Hill

City

Holmdel

State

NJ

Zip Code

07733-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Hospital
of Tinton Fall

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16178347

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms Susan Bichel

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

Vice President Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179031

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joe Blake

Mailing Address 209 Babbs Holw

City

Greenville

State

SC

Zip Code

29607-3747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

VP of Legal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179032

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City

Johns Island

State

SC

Zip Code

29455-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179033

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Hughlyn Burgess

Mailing Address 4011 Brackenberry Drive

City

Anderson

State

SC

Zip Code

29621-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179034

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City

Charleston

State

SC

Zip Code

29414-5733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179035

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Howell Clyborne

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

Vice President Community and Government

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179042

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jay Cox

Mailing Address 129 North Washington Street

City

Sumter

State

SC

Zip Code

29150-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179043

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Wallace J Davies

Mailing Address 800 North Fant Street

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health

Occupation

Medical Director/Emergency Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179044

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Gene Dickerson, , M.D.

Mailing Address 129 North Washington Street

City

Sumter

State

SC

Zip Code

29150-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179045

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas Dorman

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

VP Human Resources & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179046

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. J Larry Dozier, , Jr., FAC

Mailing Address P O Box 620

City

Winnsboro

State

SC

Zip Code

29180-0620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Doran Dunaway

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

Vice President Information and Techno

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179049

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Dunlap, FACHE

Mailing Address 125 Doughty Street
Suite 760

City

Charleston

State

SC

Zip Code

29403-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179050

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rev Terence K Fleming

Mailing Address PO Box 357

City

Folly Beach

State

SC

Zip Code

29439-0357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

VP for Mission

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179054

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Lisa M Goodlett

Mailing Address 3000 St Matthews Road

City

Orangeburg

State

SC

Zip Code

29118-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Orangeburg

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179055

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City

Mt Pleasant

State

SC

Zip Code

29464-4286

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179056

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa Irvin

Mailing Address 159 Harbour Watch Way

City

Mount Pleasant

State

SC

Zip Code

29464-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

VP of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179057

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Malcolm W Isley

Mailing Address 109 Anna's Place

City

Simpsonville

State

SC

Zip Code

29681-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179058

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen Jackson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

VP, Managed Care & Physician Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Bret Johnson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City

Anderson

State

SC

Zip Code

29621-1985

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health Medical Cent-
er

Occupation

Director of Urgent Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179065

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Fred L Latham

Mailing Address 1325 Spring Street

City

Greenwood

State

SC

Zip Code

29646-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Regional Healthcare

Occupation

Executive Vice President and Chief Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179066

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John A Miller, , Jr., FAC

Mailing Address 1205 Briarwood Ave.

City

Anderson

State

SC

Zip Code

29621-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health Medical Cent-
er

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179067

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael C. Riordan

Mailing Address 4 White Crescent Lane

City

Simpsonville

State

SC

Zip Code

29681-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179069

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jeanne L Ward

Mailing Address 298 Memorial Drive

City

Seneca

State

SC

Zip Code

29672-9499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oconee Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179070

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles D Beaman, Jr.

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179071

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Philip A Clayton

Mailing Address PO Box 829

City

Conway

State

SC

Zip Code

29528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conway Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179072

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard E D'Alborto, , FACHE

Mailing Address P O Box 976

City

Clinton

State

SC

Zip Code

29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurens County Healthcare
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179073

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas C Dandridge

Mailing Address 3000 St Matthews Road

City

Orangeburg

State

SC

Zip Code

29118-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Orangeburg

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179074

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Foster, MD

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179075

Amount of Each Receipt this Period

365.37

B.

Full Name (Last, First, Middle Initial)

Mr. W. Ham Hudson

Mailing Address 298 Memorial Drive

City

Seneca

State

SC

Zip Code

29672-9499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurens County Healthcare
System

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179076

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179077

Amount of Each Receipt this Period

730.74

SUBTOTAL of Receipts This Page (optional)

1596.11

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Valinda Rutledge

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179078

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stuart Smith

Mailing Address 169 Ashley Avenue

City

Charleston

State

SC

Zip Code

29425-8905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC Medical Center of Me-
dical Univers

Occupation

Vice President Clinical Operations and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179079

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Patti Smoake

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation

VP, Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179080

Amount of Each Receipt this Period

365.37

SUBTOTAL of Receipts This Page (optional)

1865.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City

Columbia

State

SC

Zip Code

29201-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179081

Amount of Each Receipt this Period

950.00

B.

Full Name (Last, First, Middle Initial)

Mr. Doug White

Mailing Address 809 82nd Parkway

City

Myrtle Beach

State

SC

Zip Code

29572-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand Strand Regional Med-
ical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179082

Amount of Each Receipt this Period

1010.00

C.

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City

Upper Arlington

State

OH

Zip Code

43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179093

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

2010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David Perse

Mailing Address 1730 West 25th Street

City

Cleveland

State

OH

Zip Code

44113-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179135

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Janice Murphy

Mailing Address 25365 Plainview Court

City

Columbia Station

State

OH

Zip Code

44028-8914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Hospital

Occupation
Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179141

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred M DeGrandis

Mailing Address 18101 Lorain Avenue

City

Cleveland

State

OH

Zip Code

44111-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179155

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Patricia G Ball

Mailing Address 2800 North Dallas Parkway
Suite 200

City State Zip Code
Plano TX 75093-5993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Hospital Partners,
Inc.

Occupation
SVP of Strategic Dev & Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179162

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Rock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179163

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: 16179164

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Vanessa Purnell

Mailing Address 1447 York Road

City

Lutherville

State

MD

Zip Code

21093-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation

Assistant Vice President Government Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179241

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven S. Cohen

Mailing Address 5565 Sterrett Place
5th Floor

City

Columbia

State

MD

Zip Code

21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation

Sr. VP, Intergrated Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179243

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.17

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179507

Amount of Each Receipt this Period

144.84

SUBTOTAL of Receipts This Page (optional)

1144.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ann Gibson

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179511

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Ms. Amy Harris

Mailing Address 631 SE First Street

City State Zip Code
Faribault MN 55021-6362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Health Services

Occupation
Director of Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179514

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Kreyer

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice President, Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179518

Amount of Each Receipt this Period

98.00

SUBTOTAL of Receipts This Page (optional)

188.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179523

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Ms. Peggy Westby

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179524

Amount of Each Receipt this Period

65.22

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph L Woodin

Mailing Address P O Box 10
264 Maple Ridge Lane

City

Sharon

State

VT

Zip Code

05065-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gifford Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16186237

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

475.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Beth Berry

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Sr. Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189080

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Chris Clarke

Mailing Address 500 Interestate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189081

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael A. Dietrich

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189082

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James L. Goodloe

Mailing Address 500 Interstate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189083

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Huggins

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189084

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Jolley

Mailing Address 500 Interstate Blvd., South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189085

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William H Anderson

Mailing Address P O Box 610

City

Sheffield

State

AL

Zip Code

35660-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helen Keller Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189087

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald S Owen

Mailing Address P O Box 6987

City

Dothan

State

AL

Zip Code

36302-6987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Alabama Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189092

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189105

Amount of Each Receipt this Period

34.50

SUBTOTAL of Receipts This Page (optional)

1434.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189106

Amount of Each Receipt this Period

115.40

B.

Full Name (Last, First, Middle Initial)

Ms. Melissa Levy Hungerford

Mailing Address 6448 SW Bayshore Dr

City

Auburn

State

KS

Zip Code

66402-9324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189108

Amount of Each Receipt this Period

57.70

C.

Full Name (Last, First, Middle Initial)

Mr. Robert T. Meling

Mailing Address 13005 Catalina Street

City

Leawood

State

KS

Zip Code

66209-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Purchasing Ser-
vices

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189109

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)

230.79

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Bell

Mailing Address 4301 NW Valley Road

City

Topeka

State

KS

Zip Code

66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189113

Amount of Each Receipt this Period

557.70

B.

Full Name (Last, First, Middle Initial)

Mr. William M Murray

Mailing Address 9801 Renner Boulevard, Ste 100

City

Lenexa

State

KS

Zip Code

66219-9745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Lea-
venworth Heal

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189114

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven B. Poage

Mailing Address 3401 SW Alameda

City

Topeka

State

KS

Zip Code

66614-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16189115

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1182.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Warren Tardy

Mailing Address 310 25th Avenue North
Suite 101

City State Zip Code
Nashville TN 37203-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA

Occupation
Director, Public Policy Management Gro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 16193352

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James C Cooper

Mailing Address P O Box 5525

City State Zip Code
Bismarck ND 58506-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedCenter One

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196000

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathy A. Bizarro, FACHE

Mailing Address 544 Upper Straw Rd

City State Zip Code
Hopkinton NH 03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196085

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Anne Jamieson

Mailing Address One Parkland Drive

City

Derry

State

NH

Zip Code

03038-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkland Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196086

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy R. Willis

Mailing Address 900 East Broadway

City

Bismarck

State

ND

Zip Code

58501-4520

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Alexius Medical Center

Occupation

VP of Government Relations & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196102

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Barry G Beeman

Mailing Address 17 Belmont Avenue

City

Brattleboro

State

VT

Zip Code

05301-6613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brattleboro Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196104

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Penny Brooke

Mailing Address 36 South State Street, 22nd Fl

City

Salt Lake City

State

UT

Zip Code

84111-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196124

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles W Sorenson, Jr., M.D

Mailing Address 36 South State Street, 22nd Fl

City

Salt Lake City

State

UT

Zip Code

84111-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196126

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John F. Nicholls

Mailing Address 70 Delmont Avenue

City

Barre

State

VT

Zip Code

05641-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Vermont Medical
Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16197618

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Hollie Phillips

Mailing Address 237 Kingsway Dr

City

Lexington

State

KY

Zip Code

40502-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appalachian Regional Heal-
thcare

Occupation

VP Corporate Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 16198475

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Melvyn Patashnick

Mailing Address 528 Washington Highway

City

Morrisville

State

VT

Zip Code

05661-8973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16198483

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraState Healthcare Sy-
stem

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 16198486

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bill M. Welch

Mailing Address 3352 Corey Drive

City

Reno

State

NV

Zip Code

89509-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Hospital Associati-
on

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 16198487

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Ludmir

Mailing Address 800 Spruce Street

City

Philadelphia

State

PA

Zip Code

19107-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Hospital

Occupation

Chair, Obstetrics & Gynecology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16198488

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Eva C. LaBarge

Mailing Address 6434 Sun Flag Ct.

City

Sparks

State

NV

Zip Code

89436-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Hospital Associati-
on

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16198489

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Alice Ensogna

Mailing Address 1909 Wayland Dr

City

Winchester

State

VA

Zip Code

22601-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16208229

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Jividen

Mailing Address 2713 Greenhill Avenue

City

Lynchburg

State

VA

Zip Code

24503-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centra Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16208232

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr Xavier Richardson

Mailing Address 8121 Lee Jackson Circle

City

Spotsylvania

State

VA

Zip Code

22553-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicorp Health System

Occupation

Vice President Corporate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16208256

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George W Dawson

Mailing Address 1920 Atherholt Road

City

Lynchburg

State

VA

Zip Code

24501-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centra Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16208264

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Hank J Porten, , CHE

Mailing Address 575 Beech Street

City

Holyoke

State

MA

Zip Code

01040-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holyoke Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16211595

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jon Fishpaw

Mailing Address 615 Elsinore Place

City

Cincinnati

State

OH

Zip Code

45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation

Corp. Director, Advocacy & Gov't. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211601

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City

Upper Arlington

State

OH

Zip Code

43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211612

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael K Winthrop

Mailing Address P O Box 8004

City

Bellevue

State

OH

Zip Code

44811-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellevue Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211614

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City

Bexley

State

OH

Zip Code

43209-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211616

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City

Columbus

State

OH

Zip Code

43214-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Vice President, State Policy & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211617

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary M. Yost

Mailing Address 924 Riva Ridge Boulevard

City

Gahanna

State

OH

Zip Code

43230-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211618

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City

Granville

State

OH

Zip Code

43023-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211619

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James R. Castle

Mailing Address 815 Gatehouse Lane

City

Columbus

State

OH

Zip Code

43235-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211620

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Allen

Mailing Address 4040 Baughman Grant

City

New Albany

State

OH

Zip Code

43054-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nationwide Children's Hos-
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211621

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald J Bachman

Mailing Address 1000 McKinley Park Drive

City

Marion

State

OH

Zip Code

43302-6397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211622

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Lyndon J Christman

Mailing Address 203 Bryn Drive

City

Granville

State

OH

Zip Code

43023-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fayette County Memorial
Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211623

Amount of Each Receipt this Period

337.50

B.

Full Name (Last, First, Middle Initial)

Dr. John D. Clough, MD

Mailing Address 1760 Carriage Place

City

Gates Mills

State

OH

Zip Code

44040-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Health
System

Occupation
Director of Health Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211624

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. William W. W Harding

Mailing Address 1305 Independence Circle S.E.

City

New Philadelphia

State

OH

Zip Code

44663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211625

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1087.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stanley R Korducki

Mailing Address 950 West Wooster Street

City

Bowling Green

State

OH

Zip Code

43402-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wood County Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211626

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin C Martin

Mailing Address 630 East River Street

City

Elyria

State

OH

Zip Code

44035-5902

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMH Regional Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211627

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick J Martin

Mailing Address 272 Benedict Avenue

City

Norwalk

State

OH

Zip Code

44857-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fisher-Titus Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211628

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John S Prout

Mailing Address 10500 Montgomery Road

City

Cincinnati

State

OH

Zip Code

45242-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bethesda North Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211630

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward J Roth, III

Mailing Address 2600 Sixth Street SW

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211631

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert W Shroder

Mailing Address 667 Eastland Avenue SE

City

Warren

State

OH

Zip Code

44484-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211632

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles A Stark, , CHE

Mailing Address 1101 Decatur Street

City

Sandusky

State

OH

Zip Code

44870-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Firelands Regional Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211633

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael R Stephens

Mailing Address 1141 North Monroe Drive

City

Xenia

State

OH

Zip Code

45385-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greene Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211634

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mina H Ubbing

Mailing Address 750 Fairview Drive

City

Lancaster

State

OH

Zip Code

43130-3313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211635

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas S. Urban

Mailing Address 8484 Old Shaw Way

City

West Chester

State

OH

Zip Code

45069-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Health Partners

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211636

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. LaMar L Wyse

Mailing Address 975 Tiehack Court West

City

Galion

State

OH

Zip Code

44833-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galion Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211637

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Mark Armstrong

Mailing Address 310 South Limestone Street

City

Lexington

State

KY

Zip Code

40508-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
UK HealthCare Good Samaritan Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211667

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Beirne

Mailing Address 310 South Limestone Street

City

Lexington

State

KY

Zip Code

40508-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211669

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr Joseph DeVenuto

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Suburban Hospital

Occupation

Assistant Vice President/CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211674

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David L Gray

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hardin Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211686

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John D Harryman

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Suburban Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211687

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas D Kmetz

Mailing Address 9820 Third Street Road

City

Louisville

State

KY

Zip Code

40272-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Southwest Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211691

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin S Wardell

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211708

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Tracy E Williams

Mailing Address 234 East Gray Street, Ste. 225

City

Louisville

State

KY

Zip Code

40202-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Healthcare

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Winkelhake

Mailing Address 8911 Duxbury Road

City

Louisville

State

KY

Zip Code

40242-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Suburban Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211710

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Laird

Mailing Address 211 Coralberry Road

City

Louisville

State

KY

Zip Code

40207-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton Healthcare

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J Hudson

Mailing Address P O Box 1600

City

Richmond

State

KY

Zip Code

40476-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pattie A. Clay Regional
Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16211780

Amount of Each Receipt this Period

324.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,
15th Floor

City

Columbus

State

OH

Zip Code

43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211853

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Seraphine

Mailing Address 1140 Lexington Road

City

Georgetown

State

KY

Zip Code

40324-9330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Cumberland Regional
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212209

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1074.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B Barber, , Dr.PH, F

Mailing Address P O Box 20007

City

Owensboro

State

KY

Zip Code

42304-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owensboro Medical Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212210

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Brezosky

Mailing Address Post Office Box 436620

City

Louisville

State

KY

Zip Code

40253-6620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212251

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kim J. Dees

Mailing Address 2501 Nelson Miller Parkway
Post Office Box 436629

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212252

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Paige Franklin

Mailing Address 404 Kaelin Drive

City

Louisville

State

KY

Zip Code

40207-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Vice President, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212253

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy C. Galvagni

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212255

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen P. Miller

Mailing Address 1101 Cardinal Drive

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212256

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sarah S. Nicholson

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212257

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Debbie Riley

Mailing Address 502 Trotwood Place

City

Louisville

State

KY

Zip Code

40245-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212258

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Carol J. Walters

Mailing Address Post Office Box 436629

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212259

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles J. Warnick

Mailing Address 120 Hilltop Meadow

City

Frankfort

State

KY

Zip Code

46001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hospital East

Occupation

Director of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212260

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick Donahue

Mailing Address 4604 Highway 60 West

City

Morganfield

State

KY

Zip Code

42437-9570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital Union
County

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212261

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nemuel O Artilles, FACHE

Mailing Address Post Office Box 859

City

Humacao

State

PR

Zip Code

00792-0859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Episcopal Cristo
Redentor

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16212481

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Haynes

Mailing Address P O Box 8086

City

Lexington

State

KY

Zip Code

40533-8086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appalachian Regional Heal-
thcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16212500

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Evelyn Letnaunchyn

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16212501

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Lisa Schnedler

Mailing Address 304 Franklin

City

Keosauqua

State

IA

Zip Code

52565-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Buren County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16212503

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Larry Chapman

Mailing Address 116 Woodgreen Crossing

City

Jackson

State

MS

Zip Code

39130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

VP for Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.55

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16212533

Amount of Each Receipt this Period

15.84

B.

Full Name (Last, First, Middle Initial)

Mr. Bob Jones

Mailing Address 500 Highway 9 South

City

Eupora

State

MS

Zip Code

39744-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Medical
Center-Eupor

Occupation

Vice President- Materiel Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16212539

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard G Hilton

Mailing Address Drawer 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oktibbeha County Hospital

Occupation

Associate Administrator and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16212545

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

265.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City

Madison

State

MS

Zip Code

39110-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16212546

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Judith Forshee

Mailing Address Post Office Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16212547

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Ms. Julie McNeese

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

Vice President, MHA/DSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16212550

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Eileen L Howell

Mailing Address 23761 Oak Glen Dr.

City

Southfield

State

MI

Zip Code

48033-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Orthopaedic Spec-
ialty Hospital

Occupation

Director, Behavioral Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16212572

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger J Allman

Mailing Address 510 Miles Ridge Road

City

Madison

State

IN

Zip Code

47250-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
King's Daughters' Hospital
and Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213384

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Mr Paul Usher

Mailing Address 637 Laura Lane

City

Sweetser

State

IN

Zip Code

46987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213421

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

384.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Association

Occupation

Hospital Association VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213427

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. James D. Bickel

Mailing Address 4370 Washington Street

City

Columbus

State

IN

Zip Code

47203-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Hospital

Occupation

Director Materials Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213436

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr James Callaghan III, M.D.

Mailing Address 301 West Homer Street

City

Michigan City

State

IN

Zip Code

46360-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony Memorial

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213437

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Tom J Gryzbek

Mailing Address 1335 Capri Lane

City

Dyer

State

IN

Zip Code

46311-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Margaret Mercy Heal-
thcare Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213438

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Marvin White

Mailing Address 6515 Greenridge Drive

City

Indianapolis

State

IN

Zip Code

46278-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213439

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Q. Everett

Mailing Address 11340 Abbitt Trail

City

Zionsville

State

IN

Zip Code

46077-0016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213440

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Marvin G Pember

Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health Partners

Occupation
Hospital EVP and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16213445

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Ms. Andrea Y Coleman

Mailing Address 1227 East Rusholme Street

City State Zip Code
Davenport IA 52803-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Medical Center-We-
st

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213471

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lena Dobbs-Johnson

Mailing Address 3435 West Van Buren Street

City State Zip Code
Chicago IL 60624-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Bethany Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213472

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Green

Mailing Address 774 Forest Avenue

City

Glen Ellyn

State

IL

Zip Code

60137-3939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213482

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dean M Harrison

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213483

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary E Kaatz

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213485

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Michael McKenna, M.D.

Mailing Address 3815 Highland Avenue

City

Downers Grove

State

IL

Zip Code

60515-1590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Good Samaritan
Hospital

Occupation

Vice President Medical Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213488

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis C Millirons, FACHE

Mailing Address 801 S Milwaukee Avenue

City

Libertyville

State

IL

Zip Code

60048-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condell Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213489

Amount of Each Receipt this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Mr. David T Ochs

Mailing Address 2500 West Reynolds

City

Pontiac

State

IL

Zip Code

61764-2194

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint James - John W.
Albrecht Med

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213493

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth L Smithmier

Mailing Address 2300 North Edward Street

City

Decatur

State

IL

Zip Code

62526-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213494

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Keith E Steffen

Mailing Address 530 NE Glen Oak Avenue

City

Peoria

State

IL

Zip Code

61637-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint Francis Medical
Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213495

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wilfredo Ramos

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Executive VP/Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213497

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16213499

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16213500

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ed Holzhauer

Mailing Address 1755 Maple Lane

City

Wheaton

State

IL

Zip Code

60187-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16213501

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213502

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213503

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City

Springfield

State

IL

Zip Code

62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16213504

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tionOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16213505

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tionOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16213506

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher R Mosley

Mailing Address P O Box 2028

City

Chesapeake

State

VA

Zip Code

23327-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake General Hospit-
alOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

Transaction ID: 16213991

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Gwen S Eddleman, , FACHE, E

Mailing Address 1690 Dood St.

City

Farmville

State

VA

Zip Code

23901-2783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southside Community Hospi-
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214006

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Cournoyer

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Manager, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214045

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brian Fillipo, MD

Mailing Address 6192 Moores Creek

City

Summerfield

State

NC

Zip Code

27358-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

Vice President, Quality and Patient Sa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214046

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Susan L Davis, , R.N., Ed

Mailing Address 72 north park avenue

City

Easton

State

CT

Zip Code

06612-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16214047

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia L Robertson

Mailing Address 2 Bernardine Drive

City

Newport News

State

VA

Zip Code

23602-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Immaculate Hospital

Occupation

Executive Vice President and Administ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16214069

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr Carl Bahnlein

Mailing Address 1701 North George Mason Drive

City

Arlington

State

VA

Zip Code

22205-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16214071

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Angela Russell

Mailing Address 36 Sherry Dell Dr

City

Hampton

State

VA

Zip Code

23666-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-DePaul Medical
Center

Occupation

Director Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214267

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Barchi

Mailing Address 3701 Wellington Drive

City

Roanoke

State

VA

Zip Code

24014-6466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214269

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer W. Siciliano

Mailing Address 8110 Gatehouse Road
Suite 200 East Tower

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Asst VP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214274

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter J. Bernard

Mailing Address 5801 Bremono Road

City

Richmond

State

VA

Zip Code

23226-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Comm-
unity Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214275

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. William D Jacobsen

Mailing Address 540 Jubal Early Hwy

City

Wirtz

State

VA

Zip Code

24184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Franklin Memorial
Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214276

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Thompson

Mailing Address 6015 Poplar Hall Drive Ste 300

City

Norfolk

State

VA

Zip Code

23502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
VP, Reinventing Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214277

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J Knox Singleton

Mailing Address 8110 Gatehouse Road

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214279

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr John R Audett, M.D.

Mailing Address 455 Tollgate Road

City

Warwick

State

RI

Zip Code

02886-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kent County Memorial Hospital

Occupation

Vice President, Medical Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214282

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Ellen Yoder

Mailing Address 802 Reliance Rd

City

Middletown

State

VA

Zip Code

22645-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214293

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia Schmehl

Mailing Address 3221 Sargent Drive

City

Falls Church

State

VA

Zip Code

22044-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214295

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gerald Seager

Mailing Address 7509 Mendota Place

City

Springfield

State

VA

Zip Code

22150-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214304

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Hanson

Mailing Address 7848 Crittenden Road

City

Suffolk

State

VA

Zip Code

23432-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-DePaul Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214308

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Wayne Sawyer

Mailing Address 4001 River Park Dr.

City

Suffolk

State

VA

Zip Code

23435-3356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours Hampton RdOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16214311

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Chris A Lumsden

Mailing Address 2204 Wilborn Avenue

City

South Boston

State

VA

Zip Code

24592-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Regional Health
SystemOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16214899

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Fay

Mailing Address 6623 Madison Mclean Drive

City

McLean

State

VA

Zip Code

22101-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16214912

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Thomas S Kluge

Mailing Address 2204 Wilborn Avenue

City

South Boston

State

VA

Zip Code

24592-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Regional Health
System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214922

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Doyle

Mailing Address 5901 Mount Eagle Drive

City

Alexandria

State

VA

Zip Code

22303-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Alexandria Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16214938

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynda Tipple

Mailing Address 973 N. Potomac Street

City

Arlington

State

VA

Zip Code

22205-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215016

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sharon M. Bass, Jr.

Mailing Address 2619 Blue Herson Circle

City

Roanoke

State

VA

Zip Code

24018-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation

Vice President Imaging & Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215018

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr Gene Burke, M.D.

Mailing Address 600 Gresham Drive

City

Norfolk

State

VA

Zip Code

23507-1999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Norfolk General
Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215019

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Charlton

Mailing Address 11797 Troika Court

City

Woodbridge

State

VA

Zip Code

22192-6285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215025

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Donald E. Lorton

Mailing Address 1141 Windy Hill Road

City

Goodview

State

VA

Zip Code

24095-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215026

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Szalwinski

Mailing Address 104 Watch Harbour Circle

City

Smithfield

State

VA

Zip Code

23430-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Director of Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215095

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert Hager

Mailing Address 14359 Shadowbrook Lane

City

Purcellville

State

VA

Zip Code

20132-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16215096

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick L. Christiansen

Mailing Address 8377 Pedigrue Ct

City

Gainesville

State

VA

Zip Code

20155-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16215098

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Debra A Flores

Mailing Address 3609 Calverton Way

City

Chesapeake

State

VA

Zip Code

23321-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara CarePlex Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16215101

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr Mark Bower

Mailing Address 1000 Shenandoah Avenue

City

Front Royal

State

VA

Zip Code

22630-3598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16215102

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Cindy Dolan

Mailing Address 10988 N. Harrell's Ferry Rd.

City

Baton Rouge

State

LA

Zip Code

70816-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer
HSLIOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16216332

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Conrad G Flowers

Mailing Address 1900 Main Street

City

Franklinton

State

LA

Zip Code

70438-3688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16216335

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rick Guevara

Mailing Address 200 Henry Clay Avenue

City

New Orleans

State

LA

Zip Code

70118-5798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's HospitalOccupation
Vice-President of Legal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	8

Transaction ID: 16216336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Bill Hankins

Mailing Address P O Box 33932

City

Shreveport

State

LA

Zip Code

71130-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSU Medical Center-Univer-
sity Hospital

Occupation

Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216337

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Hulefeld

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Health System

Occupation

Senior VP and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216338

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Glenn Landry

Mailing Address 10988 N. Harrell's Ferry Rd.

City

Baton Rouge

State

LA

Zip Code

70816-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer
HSLI

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216339

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Donna Shields

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Charles Memorial Hos-
pital

Occupation

VP Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216342

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J Sniffen

Mailing Address 340 1/2 Garden Street

City

Hoboken

State

NJ

Zip Code

07030-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro Infirmary

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216343

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Terrie Sterling

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of the Lake Regi-
onal Medical

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216344

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Bridwell

Mailing Address 9521 Brookline

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation

Director of Healthcare Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216345

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Coletta Barrett, RN, MHA

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of the Lake Regi-
onal Medical

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216346

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James K Elrod

Mailing Address 2600 Greenwood Road

City

Shreveport

State

LA

Zip Code

71130-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willis-Knighton Health Sys-
tem

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216347

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John J Finan, Jr.

Mailing Address 4200 Essen Lane

City

Baton Rouge

State

LA

Zip Code

70809-2196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Missionaries
of Our Lady He

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216348

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia T. Jeter

Mailing Address 17853 Prestwick Avenue

City

Baton Rouge

State

LA

Zip Code

70810-7994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216349

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Delores LeJeune

Mailing Address 1125 West Highway 30

City

Gonzales

State

LA

Zip Code

70737-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216350

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Brandon J Moore

Mailing Address 901 Wilson Street

City

Lafayette

State

LA

Zip Code

70503-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Place Surgical Hospi-
tal

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216351

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Phyllis Peoples, , MSN, R.N

Mailing Address P O Box 6037

City

Houma

State

LA

Zip Code

70361-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrebonne General Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216352

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen F Wright

Mailing Address 3330 Masonic Drive

City

Alexandria

State

LA

Zip Code

71301-3899

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRISTUS St. Frances Cabr-
ini Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216353

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Karen Sue Zoeller

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216354

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clark R. Cosse, III

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation

Vice President, Legal & Government Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216355

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul A. Salles

Mailing Address 644 Apache Drive

City

Abita Springs

State

LA

Zip Code

70420-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Hospital Cou-
ncil of New O

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216356

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edwin E Dahlberg

Mailing Address 2342 S. Swallowtail Lane

City State Zip Code
 Boise ID 83706-6127

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Luke's Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216461

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Ken L Harman

Mailing Address 528 Teton Drive

City State Zip Code
 Burley ID 83318

FEC ID number of contributing federal political committee.

C

Name of Employer
Cassia Regional Medical CenterOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216462

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven A. Millard

Mailing Address 615 N. 7th Street

City State Zip Code
 Eagle ID 83702-5502

FEC ID number of contributing federal political committee.

C

Name of Employer
Idaho Hospital AssociationOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.60

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216463

Amount of Each Receipt this Period

526.60

SUBTOTAL of Receipts This Page (optional)

1526.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick M Hermanson, , FACHE

Mailing Address 651 Memorial Drive

City

Pocatello

State

ID

Zip Code

83201-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portneuf Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216464

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph P Caroselli

Mailing Address P O Box 1100

City

Boise

State

ID

Zip Code

83701-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Idaho Elks Rehabilitation
Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216465

Amount of Each Receipt this Period

201.60

C.

Full Name (Last, First, Middle Initial)

Ms. Karen J Kellie, , R.N.

Mailing Address 3960 Campbell Road

City

New Meadows

State

ID

Zip Code

83654-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCall Memorial Hospital

Occupation

President and Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216474

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

481.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph E Morris

Mailing Address 2003 Lincoln Way

City

Coeur D Alene

State

ID

Zip Code

83814-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kootenai Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216523

Amount of Each Receipt this Period

26.60

B.

Full Name (Last, First, Middle Initial)

Mr. Craig A Johnson

Mailing Address 6640 Kaniksu Street

City

Bonnerr Ferry

State

ID

Zip Code

83805-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boundary Community Hospital

Occupation

Chief Executive Officer and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216524

Amount of Each Receipt this Period

26.60

C.

Full Name (Last, First, Middle Initial)

Mr Brian Nall

Mailing Address 229 South Seventh Street

City

Saint Maries

State

ID

Zip Code

83861-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benewah Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216525

Amount of Each Receipt this Period

26.60

SUBTOTAL of Receipts This Page (optional)

79.80

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Toni Lawson

Mailing Address P.O. Box 1278

City

Boise

State

ID

Zip Code

83701-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Idaho Hospital Association

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216528

Amount of Each Receipt this Period

26.60

B.

Full Name (Last, First, Middle Initial)

Ms. Stacey Carson

Mailing Address 10242 North Blacktail

City

Boise

State

ID

Zip Code

83714-9695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Idaho Hospital Association

Occupation

Vice President, Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216530

Amount of Each Receipt this Period

26.60

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W Martin

Mailing Address 700 South Main Street

City

Moscow

State

ID

Zip Code

83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216531

Amount of Each Receipt this Period

26.60

SUBTOTAL of Receipts This Page (optional)

79.80

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. BJ Swanson

Mailing Address 1121 Lamb Road

City

Troy

State

ID

Zip Code

83871-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16216532

Amount of Each Receipt this Period

26.60

B.

Full Name (Last, First, Middle Initial)

Tom Frazier

Mailing Address 1813 Cliffview Dr

City

Plano

State

TX

Zip Code

75093-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Hospital Partners,
Inc.

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16265192

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven E Brown, , FACHE

Mailing Address 12040 NE 128th Street

City

Kirkland

State

WA

Zip Code

98034-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Healthcare

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1276.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela MacEwan

Mailing Address 521 Wall Street

City

Seattle

State

WA

Zip Code

98121-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Eastside Hos-
pital

Occupation

Vice President, Public Affairs & Gover

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Len McComb

Mailing Address 300 Elliott Avenue West
Suite 300

City

Seattle

State

WA

Zip Code

98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
Association

Occupation

Government Relations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267778

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Greg Reed

Mailing Address 2000 Hospital Drive

City

Sedro Woolley

State

WA

Zip Code

98284-4327

FEC ID number of contributing
federal political committee.

C

Name of Employer
United General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267779

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Martin Siegel

Mailing Address 747 Broadway Avenue

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267789

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clarence (Bud) Barnes

Mailing Address 101 West Eighth Avenue

City

Spokane

State

WA

Zip Code

99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267790

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ryland (Skip) Davis

Mailing Address 101 West Eighth Avenue

City

Spokane

State

WA

Zip Code

99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267791

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary Kaplan

Mailing Address 1100 Ninth Avenue

City

Seattle

State

WA

Zip Code

98101-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267792

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph M Kortum

Mailing Address P O Box 1600

City

Vancouver

State

WA

Zip Code

98668-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Washington Medi-
cal Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267793

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sarah Patterson

Mailing Address 1100 Ninth Avenue

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation

Executive VP/Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267794

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John R White

Mailing Address 801 East Wheeler Road

City

Moses Lake

State

WA

Zip Code

98837-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267795

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16267796

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kimberly A. Champi Krenik

Mailing Address 605 Upland Place

City

Alexandria

State

VA

Zip Code

22301-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276497

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276501

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276504

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276505

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276509

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.03

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276512

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276522

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: 16276529

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Dr. Melinda Estes, M.D.

Mailing Address 111 Colchester Avenue

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fletcher Allen Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: 16282068

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1034595121839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1045726221839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Section Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1113464221839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Davon Gray

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Legislative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1143013021839

Amount of Each Receipt this Period

28.49

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

106.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Erin O'Malley

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1222125721839

Amount of Each Receipt this Period

38.80

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Allen

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1234662821839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Professional Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1260472921839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

66.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Michelle M. Mathy

Mailing Address 1660 Lanier PL Apt. 309

City

Washington

State

DC

Zip Code

20009-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Project Manager/PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1300853721839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Alex White, Jr.

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Former Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1339349921839

Amount of Each Receipt this Period

108.00

P/R Deduction (\$58.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

VP, Operations and Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1347703421839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1347703621839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Sewell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1347708421839

Amount of Each Receipt this Period

99.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1347791021839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

133.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1384065321839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1492459921839

Amount of Each Receipt this Period

26.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327629121839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327745921839

Amount of Each Receipt this Period

25.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327771621839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327777221839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

53.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Member Relations

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327777821839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327801721839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Executive Director

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327812021839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

104.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327831721839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327846221839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327851921839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327858021839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327877821839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327895721839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

148.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR327918921839

Amount of Each Receipt this Period

27.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328132821839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328136921839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328174921839

Amount of Each Receipt this Period

26.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328223821839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328224921839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328241421839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328260921839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City

Arnold

State

MD

Zip Code

21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328310421839

Amount of Each Receipt this Period

40.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

124.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328341821839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328490121839

Amount of Each Receipt this Period

19.12

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328511821839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

147.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR328512021839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR329013421839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address 1 North Franklin Street

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR329071321839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

104.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR329084421839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR329215721839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR329342621839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

98.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR329654221839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Services Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330343321839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330411621839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Asst. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330465221839

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City State Zip Code
Apple Valley MN 55124

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330475421839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330534321839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

112.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330547721839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330549221839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR330776121839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR331278821839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR331304221839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR331379121839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR331386921839

Amount of Each Receipt this Period

28.68

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR331416021839

Amount of Each Receipt this Period

108.00

P/R Deduction (\$58.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR331533221839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR346168121839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$19.92 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR517619721839

Amount of Each Receipt this Period

64.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR566280921839

Amount of Each Receipt this Period

47.61

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

125.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR766023721839

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR801366321839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR876637221839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR936292321839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR939603921839

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

28.00

TOTAL This Period (last page this line number only)

194406.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 232

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

77000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 16162639

Amount of Each Receipt this Period

14000.00

B.

Full Name (Last, First, Middle Initial)

Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: 16173021

Amount of Each Receipt this Period

6500.00

C.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 16179238

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

30500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 232

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

89000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 16196088

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 16196100

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16198491

Amount of Each Receipt this Period

9000.00

SUBTOTAL of Receipts This Page (optional)

21500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 232

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing
federal political committee.**C** C00359455

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

11450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: 16216359

Amount of Each Receipt this Period

1450.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

53450.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 232

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

HCA Good Government Fund-Federal PAC

Mailing Address On Park Plaza
PO Box 550

City	State	Zip Code
Nashville	TN	37202-0550

FEC ID number of contributing
federal political committee.**C** C00067231

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	8

Transaction ID: 16193350

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 232

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5473.03

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 16266799

Amount of Each Receipt this Period

393.70

Interest

B.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5079.33

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 8

Transaction ID: 16275859

Amount of Each Receipt this Period

336.17

Interest

SUBTOTAL of Receipts This Page (optional)

729.87

TOTAL This Period (last page this line number only)

729.87

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 / 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Green Mountain PAC

Mailing Address PO Box 1142

City
MontpelierState
VTZip Code
05601Purpose of Disbursement
2008 ContributionCandidate Name
Green Mountain PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16164101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	8

Amount of Each Disbursement this Period

2500.00

2008 Contribution

B.

Full Name (Last, First, Middle Initial)

Mikulski For Senate Committee

Mailing Address P O B 13147

City
BaltimoreState
MDZip Code
21203Purpose of Disbursement
ContributionCandidate Name
Sen. Barbara A. Mikulski011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: 16164127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City
BaltimoreState
MDZip Code
21203Purpose of Disbursement
ContributionCandidate Name
Rep. Elijah E. Cummings011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 16164139

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 228 / 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Pete Sessions For Congress

Mailing Address PO Box 823047

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement
Void of 10/08 check

Candidate Name
Rep. Pete Sessions

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 16165872

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

-1000.00

Void of 10/08 check

B.

Full Name (Last, First, Middle Initial)

Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City
San Antonio

State
TX

Zip Code
78212

Purpose of Disbursement
Void of 10/08 check

Candidate Name
Rep. Charles A. Gonzalez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 16165877

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

-2000.00

Void of 10/08 check

C.

Full Name (Last, First, Middle Initial)

Al Green For Congress

Mailing Address P.O. Box 20174
Suite 321

City
Houston

State
TX

Zip Code
77225

Purpose of Disbursement
Void of 10/08 check

Candidate Name
Rep. Al Green

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 09

Transaction ID: 16176348

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

-1000.00

Void of 10/08 check

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 16176353 Date of Disbursement
Mailing Address PO Box 16128	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Houston State TX Zip Code 77222	Amount of Each Disbursement this Period
Purpose of Disbursement Void of 10/08 check	<div> <div></div> <div>-1000.00</div> </div>
Candidate Name Rep. Gene Green	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void of 10/08 check
B. Full Name (Last, First, Middle Initial) Bright For Congress.Com	Transaction ID: 16198485 Date of Disbursement
Mailing Address P.O.Box 2106	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 8</div> </div>
City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. Bobby Neal Bright, Sr.	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Debt Re Contribution
C. Full Name (Last, First, Middle Initial) Griffith For Congress	Transaction ID: 16198490 Date of Disbursement
Mailing Address PO Box 2916	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 8</div> </div>
City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. Parker Griffith, MD	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Debt Re Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Coleman for Senate Recount Fund

Mailing Address 1412 Energy Park Drive #11

City
Saint PaulState
MNZip Code
55108Purpose of Disbursement
Donation

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 16165423

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

Donation

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 231 / 232

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 16266788 Date of Disbursement <div> <div>12</div> <div>02</div> <div>2008</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4.50</div> Merchant Fees
B. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16266791 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>36.89</div> Merchant Fees
C. Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16266794 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>153.77</div> Merchant Fees

SUBTOTAL of Disbursements This Page (optional)

195.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 16266795

Date of Disbursement

12 / 04 / 2008

Amount of Each Disbursement this Period

101.81

Merchant Fees

B.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 16266796

Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

108.31

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

210.12

TOTAL This Period (last page this line number only)

405.28